

This document is a compilation of unaltered questions that providers asked during a training related to TCM documentation. The training was conducted by SRS and KHPA on four separate occasions via Webinar with a combined attendee total of approximately 1000.

When the term TCM is used by SRS & KHPA in responses it should be understood that the reference is to those services described below in the definition of TCM :

Targeted Case Management

Targeted case management services are defined as those services which will assist the beneficiary in gaining access to medical, social, educational, and other needed services. Targeted case management includes any or all of the following services:

Assessment of a beneficiary to determine service needs by:

- Taking the beneficiary's history
- Identifying the beneficiary's needs and completing the related documentation
- Gathering information, if necessary, from other sources such as family members, medical providers, social workers, and educators, to form a complete assessment of the beneficiary

Development of a specific support/care plan that:

- Is based on the information collected through the assessment
- Specifies the goals and actions to address the medical, social, educational, and other service needs of the beneficiary
- Includes activities that ensure the active participation of the beneficiary, and working with the beneficiary (or the beneficiary's legal representative) and others to develop such goals and identify a course of action to respond to the assessed needs of the beneficiary

Referral and related activities:

- To help a beneficiary obtain needed services, including
- Activities that help link the beneficiary with medical, social, educational providers, or other programs and services that are capable of providing needed services, such as referrals to providers for needed services and scheduling appointments for the beneficiary

Monitoring and follow-up activities, including:

- Activities and contacts that are necessary to ensure the care plan is implemented and adequately addresses the beneficiary's needs, which may be with the beneficiary, family members, providers, or other entities and conducted as frequently as necessary to determine whether:
 - Services are being furnished in accordance with the beneficiary's care plan.
 - The services in the care plan are adequate.
 - There are changes in the needs or status of the beneficiary and, if so, making necessary adjustments in the care plan and service arrangements with the providers.

MEDICAL APPOINTMENTS

Where does assistance at a medical appointment become billable?
(Please see the response at the end of this section.)

what if they can't speak from themselves or understand the questions asked?
(Please see the response at the end of this section.)

Are we allowed to meet at a mental health appointment to advocate for medication management and mental stability?
(Please see the response at the end of this section.)

Is attending a doctor appointment with a person served who needs assistance during a medical appointment okay?
(Please see the response at the end of this section.)

If a doctor or psychiatrist requires that the case manager be present at a client's appointment for a specialty consultation, is this a billable activity?
(Please see the response at the end of this section.)

For consumers on the TBI Waiver who have significant cognitive/behavioral limitations, it may be necessary for TCM's to accompany them to doctors/legal appt's
(Please see the response at the end of this section.)

Response: Direct services, such as transporting a beneficiary to an appointment or accompanying a beneficiary to a medical appointment are not allowable under the definition of the Medicaid case management or TCM benefit. However, if the case manager provides a service that meets the TCM service definition and it is documented then the actual amount of time spent providing the TCM service is billable.

Questions Specific to TCM Training Provided by SRS and KHPA

Will we be able to have a copy of these power point pages?
(Please see the response at the end of this section.)

are we going to be receiving copies from this power point as we can not write as fast as you are talking?
(Please see the response at the end of this section.)

Response: The Power point slideshow was emailed to the TBI, PD, and MRDD service systems in April 2008.

ADMINISTRATIVE TASKS

When we fax info for the consumer, why is that not billable?

Response: A log entry that speaks only to “faxed forms” is seen by an auditor as administrative. Administrative tasks do not fall into the CMS definition of TCM.

Does the consumer have to be present in order for it to be billable?

Response: No.

If Faxing forms to Guardian or to Pys Doctor, Pys Med Rev Forms, is not billable?

(Please see the response at the end of this section.)

if you put “arranged to have faxed, placed in central file etc for documentation, isn’t that a billable activity will we receive a copy of the presentation?

(Please see the response at the end of this section.)

Is there going to be a problem if you put faxed and filed forms within another TCM service to show that it was done, but do not add time for it? Or should it be a separate entry and you put no charge by it? As a TCM, I want in my notes that I have faxed necessary paperwork (POC, etc.) to providers.

(Please see the response at the end of this section.)

So if administrative task were done from July on can this be recouped?

Response: Yes.

So faxing a 3160 is not billable?

(Please see the response at the end of this section.)

When logging that a form has been completed. Is also ok to add in the log that you faxed it to whom it needs to go to?

(Please see the response at the end of this section.)

For the MR/DD waiver: Is it billable to send out monthly documentation to track behaviors and goals/objectives/programs and progress?

(Please see the response at the end of this section.)

Response: It is assumed that when a case manager provides a service that meets the definition of TCM that there will be, at times, related activities such as documenting the service, faxing, and mailing that are included in the service and the time spent should reflect such. Documentation should clearly reflect the TCM activity.

UTILIZATION MAXIMUMS PER SYSTEM

why the big difference between hours, units between dd- pd and tbi???

(Please see the response at the end of this section.)

Why is there so many fewer units allowed for TCM with MrDD waiver?

(Please see the response at the end of this section.)

Why does the DD population get less hours than individuals on other waivers?

(Please see the response at the end of this section.)

Why is there such a disparity between TCM units for MRDD services vs. PD or TBI services?

Response: The number of units was determined by historic utilization, and budget allocations.

COURT APPEARANCE

With regard to court appearance, what if we need to be there to help interpret what went on with the consumer?

(Please see the response at the end of this section.)

can we accompany consumer on an appointment that is NOT court related?

(Please see the response at the end of this section.)

no direct services- if going to court because of consumer, with or without transporting consumer, transportation time is billable?

(Please see the response at the end of this section.)

The judge in guardianship cases require input and the appearance by the case manager- is this billable

(Please see the response at the end of this section.)

In the cases where an individual goes to jail or a state hospital, the CDDO comes back to the TCM to ask why this occurred. We also often meet w/the attorney and the individual prior to court to assist w/the development of a justice plan. How can this not be a billable activity?

(Please see the response at the end of this section.)

How can we be sure the individual understands a court proceeding if they have no one there to assist them? Often a trainer doesn't have the knowledge or ability to effectively advocate in these settings?

(Please see the response at the end of this section.)

If you are subpoenaed to appear in court, is this not a "billable activity

(Please see the response at the end of this section.)

Would a subpoena to appear in court for a consumer qualify as a billable service?
(Please see the response at the end of this section.)

What if consumer is unable to understand the judicial process and needs assistance to understand what their rights are
(Please see the response at the end of this section.)

What if the consumer/legal guardian requests you accompany and advocate for them and therefore accompany them to the appointment/court yes Do you have a hard copy of these definitions along with this training
(Please see the response at the end of this section.)

Would any thing having to do with assisting a client at a court appearance be considered billable activity?
(Please see the response at the end of this section.)

What about if the TCM goes to court to gather and provide information; especially if they do not have services.
(Please see the response at the end of this section.)

Not so much a question as a statement – TCM cannot attend court appearances? I have a strong problem with that as the main advocate for the consumer. . .
(Please see the response at the end of this section.)

If meeting a client at court (no transporting of the client) to provide information to the judge about client's progress, is the time at court a billable activity?
(Please see the response at the end of this section.)

Can a TCM attend a court hearing to provide a monitor/follow up, assessment or support planning service? (i.e. monitor/follow up to ensure consumer's safety, assess the need for any additional services, assist in the support planning of additional services that may need to be implemented, assist in coordinating additional services that may need to be in place).

Response: Direct services, such as transporting a beneficiary to an appointment or accompanying a beneficiary to a court appearance are not allowable under the definition of the Medicaid case management or TCM benefit. However, if the case manager provides a service that meets the TCM service definition, and it is documented, then the actual amount of time spent providing the TCM service is billable.

CASE LOGS

With the previous question regarding initialing each log, this would be when there are multiple entries and dates of contact on one page; does each log have to be initialed with a signature on the page, or is it acceptable to sign the page without initialing each entry? Do we need to initial each log?

Response: It is not necessary to initial each entry as the KMAP TCM Provider Manuals require that a case manager's legibly-printed name and signature be on each page of the case log, verifying that every entry reflects activities performed by the signee.

Are start and stop times still necessary?

Response: Yes. Please follow the instructions provided in the Medicaid provider manuals for the specific TCM you provide, i.e. DD/TBI/PD.

Is the state considering eliminating "to-from" time requirement?

Response: SRS is considering a change to this documentation requirement. Documentation is subject to the KMAP Provider Manual requirements until officially revised.

Can an administrative assistant type the case management logs from a tape recorder or written notes?

Response: Yes, however the time spent typing the case logs is not billable and would be a cost of doing business. A case manager's legibly-printed name and signature on each page of the case log verifies that every entry reflects activities performed by the signee. The TCM activities logged must meet the CMS definition of TCM.

Would you state the condition of the apartment in each log?

Response: The consumer has the right to request copies of his/her logging. You may tactfully log the condition of the apartment if you feel that justifies the hours and services.

We have been told, in the past, using initials would not be allowed (in this example, EES). Has this rule changed?

Response: The Medicaid Provider Manual for TCM services, page 8-4, states, "Case manager's legibly-printed name and signature on each page of the case log, verifying that every entry reflects activities performed by the signee."

Are the consumer's supposed to sign on the case logs/TCM billing?

Response: No, this is not a documentation requirement in the KMAP TCM Provider Manual.

It would be helpful to have a resource person to submit a sample activity log for feedback

Response: You are welcome to submit information for review by the applicable SRS Program Manager.

A long time ago there was a rule that we needed to put the full year down; example 2008, is it ok now to have just the 08 now?

(See next response.)

Is this the correct date format? We have been told it is mm/dd/yy

Response: The TCM Medicaid Provider Manual notes that format to be MM/DD/YY.

Can you please clarify what is meant by “Stand alone.” Do we have to restate contents of previous case notes.

Response: Documentation must provide the detail necessary to meet federal and state requirements, and sufficiently document that allowable TCM services were provided. The documentation must describe how services resulted in an outcome that benefitted the consumer. Furthermore, information used to justify compliance with provider manual documentation requirements should be one record and not located in various documents or files.

will we have to go back and reword all our logs or will they start from this date on.

Response: Documentation requirements are governed by the KMAP Provider Manuals and their effective dates.

Do you have to denote “location” on EVERY entry

Response: Yes.

if the case manager is on vacation or sick leave and another case manager fills in, can that be documented on the same page or separately.

Response: Since a case manager verifies by signature that the services were provided, there should be a separate page when two separate signatures are required.

Are the requirements met by having the needed information on each page of one’s log or does it have to be reentered for each activity.

Response: It is appropriate to have the consumers name at the top of the case log only once for each individual page a case log. A case manager’s legibly printed name and signature are also only required once for each separate page of a case log. The rest of the documentation requirements located in the KMAP TCM Provider Manual must entered each time a TCM activity is provided and documented.

Please list the file documentation required for MR/DD persons like you did for the other waivers.

Response: A licensed MRDD TCM Community Service Provider must comply with the licensing standards for Records identified in K.A.R. 30-63-29. The requirements of K.A.R. 30-63-29 apply to a providers license and are not a Medicaid TCM documentation requirement.

When I log on both sides of a sheet of paper does the identifying information need to be on both sides of the sheet?

Response: Yes

When using a spiral bound notebook (so pages can not be added) does identifying information need to be on each page or just once in the notebook?

Response: It needs to be on each page

SCHEDULING APPOINTMENTS

In scheduling an appointment for person served, if the person served only receive case management and person served can not perform scheduling activities and TCM does it for him/her will it be a billable activity?

(Please see the response at the end of this section.)

what about scheduling appointments to get taxes prepared? Is that a residential responsibility
(Please see the response at the end of this section.)

The PCSP for an individual receiving MR/DD services requires identifying the individual responsible for coordinating medical care. If the PCSP states the case manager is responsible for this is time spent scheduling medical appointments billable?

(Please see the response at the end of this section.)

so when consumers want your help for finding Medicaid doctors, providers etc, we are not to log and bill for that will they be recouping on logs before this training???

(Please see the response at the end of this section.)

If client is not able to make their own medical appointments and CM makes the appointment, is this a billable activity?

Response: Scheduling of appointments to obtain needed services is a billable Medicaid TCM activity. However, if a person is able to schedule their own appointments they should do so in accordance with the independent living philosophy and SRS's mission to 'promote adult self sufficiency'.

Units and Billing

Would the information on the functional assessment not be sufficient to justify the amount of time and would all of that information need to be documented again when it is already documented again when it is already documented on the report form?

Response: Logging the fact you completed the functional assessment should be enough to justify

the time spent. Please follow the guidelines for documentation in the Medicaid TCM Provider Manual.

We understood that we should use just units.

Response: Time spent providing a TCM service is totaled and then converted to the nearest half unit for billing purposes as described in KMAP TCM Provider Manual.

According to memo from Margaret Zillinger dated December 18, 2007 “time should be totaled by actual minutes/hours worked” has been replaced by “TCM must be billed by units, or partial units, of service as outlined.....” Has this changed AGAIN.

Response: Time spent providing a TCM service is totaled and then converted to the nearest half unit for billing purposes as described in KMAP TCM Provider Manual.

Can you type your name, or does it have to be hand-printed?

Response: The Medicaid Provider Manual for TCM services states, “Case manager’s legibly-printed name and signature on each page of the case log, verifying that every entry reflects activities performed by the signee.

do we log units every contact

Response: A TCM should document start and stop times for TCM services. The time spent providing the service is then converted to units for billing purposes.

is 16minutes one unit or 1.5 unit

Response: 1.5 units because each time a TCM service is provided the actual time spent is converted to units by rounding to the next half unit (.01 through 7.50 minutes = one half unit; and 7.51 through 15 minutes = one unit)for claims purposes as described in the KMAP TCM Provider Manual.

Other states document TCM in 15 minute increments (MO and CA). From what I have read and understand, this is the expectation of CMS. Why is KS requiring minute by minute documentation and rounding to 1/2 unit increments, not a full 15 minute increment?

Response: SRS is reviewing the start/stop time requirements as well as the partial units requirement. The decisions for system design requirements were based on utilization and budgetary concerns. These requirements will remain in effect unless SRS determines to revise the KMAP TCM Provider Manuals.

So if you logged 18 minutes, is this 1 unit or 1.5 units?

Response: 1.5 units because each time a TCM service is provided the actual time spent is converted to units by rounding to the next half unit (.01 through 7.50 minutes = one half unit; and 7.51 through 15 minutes = one unit)for claims purposes as described in the KMAP TCM Provider Manual.

Expalin more about the units. Is each entry for a consumer rounded to the nearest unit in 15 min increments? Or is the total for the month rounded to the nearest unit?

Response: Each time a TCM service is provided and documented, the time spent providing the service may be totaled and converted to the next nearest unit in accordance with the requirements of the KMAP TCM Provider Manual.

Do you have to show the “total” time for each entry in the documentation?

Response: “Total” time is not a documentation requirement, however start and stop times are currently a documentation requirement, and at some point it will be necessary for the provider to total the time spent for each TCM activity in order to convert the time to the appropriate number of units in accordance with the KMAP TCM Provider Manual.

DIRECT SERVICES

What about assistance with completing tax forms and apartment applications?

(Please see the response at the end of this section.)

While I was waiting for a consumer to be approved on kmap I did some direct care for her. I elped get her in the bath and took her to the store. Is this something I should not have billed for or done?

(Please see the response at the end of this section.)

what are we to do when there is no transportation in rural areas and the consumer has to get to the doctor???

(Please see the response at the end of this section.)

Is there any exception on accompanying consumers to appointments when they are not yet on the waiver and have no formal or informal supports to assist them? For example, housing authority, social security admin, SRS, etc.

(Please see the response at the end of this section.)

Is assisting a consumer with completing a form (food stamps, disability claim) considered a direct service?

(Please see the response at the end of this section.)

If case manager provides counseling regarding behavior conflicts that the client is experiencing on the job or living environment, is this billable

(Please see the response at the end of this section.)

When making a change of address or name change and providing that information to agencies that need that information, is billable?

(Please see the response at the end of this section.)

Is it billable when completing Medicaid applications or Social Security applications, housing applications, food stamps, to assist the client in receiving these services, if they are incapable of completing them on their own?

(Please see the response at the end of this section.)

Should Case Managers be taking clients to all their appointments, or should this be the responsibility of the direct care staff.

Response: Providing transportation or physical assistance at an appointment is not a billable TCM activity, and the role of a direct service provider.

Where can we find a list/definition of direct care services? So we can differentiate from TCM.

Response: There is no identified list of direct services. However, there are service definitions for TCM in the KMAP TCM provider manuals. Generally, “doing” a supportive task or providing some type of physical assistance for a person is a direct service, not a case management service. The TCM’s role is not to provide the actual support for a person, but rather linking that person with providers, programs and services to provide the necessary support.

Response: A list of direct services, for the TBI waiver and the PD waiver are on the Attendant Care Worksheet.

Can we bill for assisting with Homestead and food sales tax during a home visit. or delivery of a medical supply

(Please see the response at the end of this section.)

Response: Providing a direct service for a person is not a billable TCM activity. A TCM’s role is to assist an individual in gaining access needed medical, social, educational or other needed services, not directly providing such services. In some cases the case manager may choose to provide these types of supports to a person, however that time spent providing those services is not billable to Medicaid for TCM services.

ACRONYMS

We understood from earlier meetings that acronyms couldn’t be used and everything spelled out. We see that you’ve used many acronyms in the examples so is this acceptable for us to do?

Response: If you choose to use an acronym it should be one that is an “industry standard” and one not specific to local organizations etc. If you are in doubt, you should not use the acronym.

In the past we were told you could not use abbreviations. slide 14 had abbreviations. Could their be recoupment if the reviewer does not understand the abbreviation?

Response: Yes

Is it necessary to spell out acronyms, such as HCBS/PD, POC, ACW, EES, MMIS, LTCTG, NOA for purposes of the QA or Utilization Review people who would be reading the files?

Response: If you choose to use an acronym it should be one that is an “industry standard” and one not specific to local organizations etc. If you are in doubt, you should not use the acronym.

Service Documentation Review (time sheets, etc.)

is it billable to review that material to document progress and prepare for the care plan.
(Please see the response at the end of this section.)

MR/DD waiver: Is it billable to review weekly spending sheets for those in residential services to ensure needs are met and finances are spent properly?

No, that would be a direct service and the responsibility of the provider or payee.

we have been reviewing billing report to monitor poc/services/how many hours and how many pca's are being utilized and to determine if services are being delivered. this is a billable activity correct??

(Please see the response at the end of this section.)

Does contact in regards to monitoring and follow-up include reviewing written documentation from other service providers and entities?

Response: Monitoring and Follow-up Activities are well-defined by CMS and do not include the routine review of time sheets that could be determined as a direct administrative service.

Rather, following the CMS definition provided on page one of this document, Monitoring and Follow-up Activities may be with the individual, family members, providers, or other entities.

Furthermore, the activities listed with "Follow Up" speak to the TCM's observance of the following:

- *Whether services are being furnished in accordance with the individual's care plan*
- *Whether the services in the care plan are adequate to meet the needs of the individual*
- *Whether there are changes in the needs or status of the individual.*

There is a difference between reviewing behavioral, therapist, or incident reports, and reviewing time sheets to see whether or not services are being delivered. Routinely reviewing time sheets is viewed as an administrative and/or QA activity.

ADVOCACY

Can we not bill for advocating?

Response: Advocacy in itself is not a reimbursable Medicaid TCM service. However, CSS expects that all TCM's activities and services are performed with a mindset of advocacy with the person's best interest as the focus. Advocacy is a core service of the CIL's and is reimbursed in that manner in that specific system

Are we allowed to meet at an appointment to advocate for the individual?

Response: Advocacy in itself is not a reimbursable Medicaid TCM service. However, CSS expects that all TCM's activities and services are performed with a mindset of advocacy with the person's best interest as the focus. Advocacy is a core service of the CIL's and is reimbursed in that manner in that specific system

TRAVEL TIME

Is travel time to meet with a client in their home or at a service location a billable activity?

Response: Travel time is not a billable TCM activity or service. The costs associated with travel were included in the rate study conducted by KHPA and incorporated into the TCM rate structure.

So if you are at a consumers home and they need to go to Dr. but not need an ambulance and you take them to Dr this is not billable.

Response: Transporting a person is not a billable TCM activity. If a person needs transportation they may need to move to a location where transportation is available. A TCM is not prohibited from transporting a person, as they may determine it necessary or be willing to do so based upon their relationship with the person, however billing Medicaid for the transportation as a TCM service is prohibited

What about transporting a person when there is no other transportation available in rural areas?

Response: Transporting a person is not a billable TCM activity. If a person needs transportation they may need to move to a location where transportation is available. A TCM is not prohibited from transporting a person, as they may determine it necessary or be willing to do so based upon their relationship with the person, however billing Medicaid for the transportation as a TCM service is prohibited

MISCELANEOUS

AND WHEN THAT HAPPENS THE INDEPENDENT LIVING PHILOSOPHY WILL BECOME NON-EXISTENCE TAKING INDIVIDUAL CHOICES & RIGHTS FROM THE PEOPLE. AND THAT IS A SCARY & SAD THOUGHT COMMENT: SLOWLY BUT SURELY SRS & THE STATE OF KANSAS ARE DICTATING / CONTROLLING HOW HCBS/PD SERVICES ARE TO IMPLEMENTED IS IT MANDATORY THAT A 'HOME' VISIT BE MADE MONTHLY WITH EVERY CUSTOMER RECEIVING HCBS/PD SERVICES.

Response: There is not a requirement that a "home" visit be made monthly with customers receiving HCBS/PD services. The amount of case management provided should be based upon the individual case management needs of the customer. A person needs to be visited at least once annually.

Is seeking residential placement for a client, that would be more appropriate, out of the catchment area, a billable activity?

Response: Yes, helping a person obtain needed services is a billable TCM activity.

What family relationships are not allowed to provide TCM?

The PD TCM KMAP Manual specifically prohibits a family member from also being the person's TCM provider. And a parent of a minor child is prohibited from receiving Medicaid reimbursement for a support provided per Medicaid regulation. These are the two known exclusions of family members providing TCM services, and therefore not allowable.

what about a choice form and LTC

(SRS does not understand this question, and requests more information from the person who inquired.)

When a client enters the state hospital, does billing for TCM stop the day they enter the hospital? CM does coordinating activities while they are in the hospital in preparation for their dismissal from the hospital.

Response: TCM services cannot be provided once a person enters a State Mental Retardation Hospital or ICF/MR or nursing facility unless the TCM services are specific to a plan of discharge, and the services are provided within the allowable timeframes. TCM services may be provided up to 60 days prior to the date of discharge if the person had resided at the institution for 180 continuous days or more; and up to 14 days prior to discharge if the person had been residing in the institutional facility less than 180 days.

what about attending iep

Response: If activities meeting the TCM service definitions were provided during an IEP meeting, the services would be billable.

What is NOA? Since when did the fifth one emerge?

NOA is Notice of Action. SRS does not understand the reference to the 5th NOA.

Are PCSP suppose to be under Support/care Plan

Yes.

Are POC billable now.

Response: Yes, development of the POC is a billable TCM activity.

Are these activities billable if they have no direct services or natural supports available?

Response: The definition of TCM activities within the State Plan and KMAP provider manuals remain the same regardless of the amount of support a person has.

Does this mean the POC, the Positive Support Plan, etc., must all tie together?

Response: Yes, all plans for the person should tie together and form the overall “plan of care”.

Please provide a more detailed explanation of family relationships?

The PD TCM KMAP Manual specifically prohibits a family member from also being the person’s TCM provider. And a parent of a minor child is prohibited from receiving Medicaid reimbursement for a support provided per Medicaid regulation. These are the two known exclusions of family members providing TCM services, and therefore not allowable.

Is it TCM when a case manager attends an appointment to make sure the consumer accesses all benefits that are available to them?

Response: Direct services, such as transporting a beneficiary to an appointment or accompanying a beneficiary to a medical appointment are not allowable under the definition of the Medicaid case management or TCM benefit. However, if the case manager provides a service that meets the TCM service definition and it is documented then the actual amount of time spent providing the TCM service is billable.

Meeting with the client in his or her own home for a home visit/monitoring is no longer acceptable?

Response: A targeted case management service is a billable activity if it meets the Medicaid definition of TCM, regardless of the location it is provided within the person’s community.

Is there a new list of requirements for the MR/DD case files?

Response: No, TCM is a licensed service and the file requirements above those identified in the KMAP MRDD TCM Manual are located in the Records section of Article, the licensing standards. This section of Article 63 has not changed.

What exactly is considered “after the fact”?

Response: “After the fact” means a provider must document all TCM services provided prior to submitting a claim for them. Any documentation generated after the claim has been submitted will not be accepted in the case of a utilization review.

How can a TCM not do documentation after an event when things happen (like an incoming phone call) during execution of another TCM activity?

Response: SRS assumes this question relates to the ‘after the fact’ requirement for documentation, so please see the response above.

i thought pd had 12 hours per month why are we now down to 10 hours a month???

120 hours per year has always been the maximum amount of TCM available to a person in the PD system. There has not been a change to the utilization cap.

WHAT ARE THE REQUIREMENTS FOR TARGETED CASE MANAGEMENT? DOES THE STATE OF KANSAS ALLOW PEOPLE WITH FELONY CONVICTIONS TO DEAL WITH

PEOPLE THAT ARE ON THE MEDICAID PROGRAM. SOMEONE WILL END UP WITH EGG ALL OVER THEIR FACE IF YOU CONTINUE TO ALLOW THOSE PEOPLE TO HAVE ANY CONTACT WITH THIS WAIVER BEFORE WE HAVE ALWAYS BEEN TOLD WE WOULD GET THE ANSWERS TO QUESTIONS AND NEVER HAD. I KNOW YOU GUYS ARE BUSY BUT AT THIS POINT I HAVE SO MANY QUESTIONS.

Response: The provider requirements for enrolling as a Medicaid TCM provider for the various systems are outlined in the KMAP provider manuals and the provider agreements maintained and distributed for KHPA by EDS.

Am I to spend half my time providing services for free because we do not have the services of other providers that you guys are working with in an urban area??

Response: Direct services are not billable TCM activities regardless of community location

and now lining up other transportation that the targeted case management is unable to give is not a billable service either?

Response: Helping a person obtain a needed service such as transportation is a billable Medicaid TCM service.

what do you mean not limited to existing services

SRS will be removing any reference to “existing services” from the TCM KMAP Manuals.

I am referring back to the social issues for consumers in the PD Waiver as we are not allowed to offer time in ACW/POC as this is not covered by Medicaid funds, correct?

SRS does not understand how this question relates to TCM. Please contact the appropriate SRS program manager.

Is assisting a consumer with an appeal a billable service?

Response: Contact with consumers and providers is billable if it demonstrates the definition of TCM tasks: assessment, development of a specific care plan, referral and related activities, and monitoring and follow-up activities.

please explain what this includes. case managers provide educational/guidance services to the consumers. is this a tcm billable service.

Response: Contact with consumers is billable if it demonstrates the definition of TCM tasks: assessment, development of a specific care plan, referral and related activities, and monitoring and follow-up activities.

What does it mean to get comparative cost for alternative plans of care

Response: Alternative care plan options would be something like home-delivered meals rather than an attendant in the consumer’s home fixing the meal—or—the utilization of informal support rather than Plan of Care services.

What constitutes a “non-medical program” (slide 12)?

Examples include: Vocational Rehabilitation, WORK Program, and any other HCBS program.

If a TCM accompanies a consumer to an appointment for translation purposes would the task be considered billable.

Response: No that would be a direct service, however helping that individual obtain interpreter services would be a billable TCM activity.

MR/DD waiver: Is it billable to meet with an individual at their request to discuss issues they want help with or are upset about and they feel like their direct care has not handled it?

Response: Contact with consumers is billable if it demonstrates the definition of TCM tasks: assessment, development of a specific care plan, referral and related activities, and monitoring and follow-up activities.

Can a TCM attend a social security hearing when asked to speak on behalf of a consumer for eligibility?

Response: Direct services, such as transporting a beneficiary to an appointment or accompanying a beneficiary to an appointment are not allowable under the definition of the Medicaid case management or TCM benefit. However, if the case manager provides a service that meets the TCM service definition and it is documented then the actual amount of time spent providing the TCM service is billable.

Is communicating with medical personnel in a hospital or facility setting a billable service?

Response: Contact with consumers and providers is billable if it demonstrates the definition of TCM tasks: assessment, development of a specific care plan, referral and related activities, and monitoring and follow-up activities.

Does contact in regards to monitoring and follow-up include documentation from other service providers and entities.

Response: Contact with other providers and entities could be related to "Referral and Related Services" and Monitoring and Follow-up" activities. If you are filing that documentation, and your logging states only that you filed that correspondence, an auditor would look at that as an administrative task.

Is it mandatory that a "home" visit be made monthly with every customer receiving HCBS/PD services?

Response: According to HCBS/PD waiver policy and procedure, it is not mandatory that a home visit be made monthly. The frequency of home visits is agreed upon by the consumer and the TCM. It is mandatory that, at least, an in-person annual reassessment be completed with each HCBS/PD consumer.

A lot of our contacts are now electronic. Are emails billable?

Response: Contact with consumers and providers is billable if it demonstrates the definition of

TCM tasks: assessment, development of a specific care plan, referral and related activities, and monitoring and follow-up activities.

Do any of the people developing rules and regulations have case management experience?

Response: Yes.